The MEΔIX 1965

JAMES HUTTON

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ΜΕΔ IX

1965

Hahnemann Medical College

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DEDICATION

Joseph E. Imbriglia, M.D., D.Sc.

Congratulations to each of you upon completion of four years of medical school. The many avenues of medicine are now open to you. As you investigate the opportunities available — general practice, specialty, research, et cetera — I ask that you give serious consideration to a very important aspect of medicine, namely teaching.

Medical education faces a serious problem today. More and more emphasis is being placed on research at the expense of teaching. People forget that it is the well qualified physician-teachers who develop the individuals who tomorrow will determine the quality of research and patient care in our Nation.

Recent surveys by the American Association of Medical Colleges have shown that 800 faculty openings exist in the Nation's 87 medical schools. Unless these are filled there will be not enough physicians to provide medical care for your children and grandchildren.

Prior to World War II, research, in many institutions was a stepchild to teaching and patient care. This no longer holds true. To insure the future of medical education we must establish a balance between teaching, research and patient care.

Much has been written about the shortage of teachers. The many personal and moral qualities required of a good teacher pre-determine that only a limited number will qualify. What are the qualities that a good teacher must possess?

In his comprehensive volume "The American College," Nevitt Sanford, Professor of Psychology and Education at Stanford University cites studies on the attributes of good teachers most admired by students. The results attach first importance to personal qualities. Interest in students, fairness, pleasing personality and humor were most frequently mentioned in one investigation. Other research verifies that while students value mastery of subject matter they give top priority to personality.

We all agree that a good teacher must be a good human being. As George Herbert Palmer, a distinguished teacher at Harvard wrote more than fifty years ago "In reality there is no human experience which is not useful to us teachers. No good qualities can be thought of which we can afford to drop."

Idealism is also important. Can you imagine a teacher commanding respect who does not believe in the values of our social heritage. Indeed, idealism is implicit in the very nature of the profession. There is something idealistic about the very desire to teach to increase the knowledge of the student, to elevate his tastes and broaden his horizons.

A teacher must possess a youthful spirit of optimism that includes faith in the future. He must believe that through the combined efforts of many people the multitudinous problems plaguing mankind can somehow be reduced if not resolved.

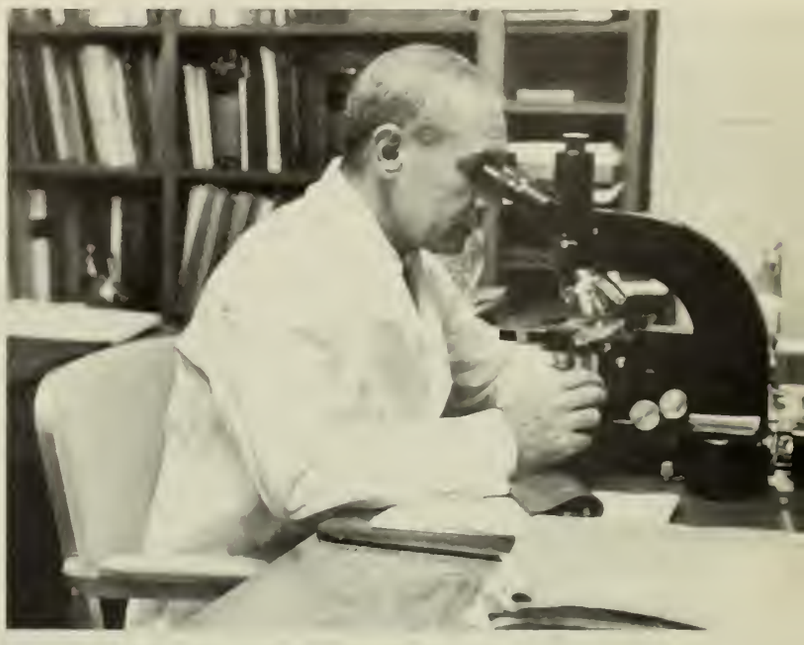
A teacher needs the imagination that is known as empathy. A perceptive teacher becomes a student; divests himself as it were of his advanced knowledge and tries to understand how the subject appears to the beginner.

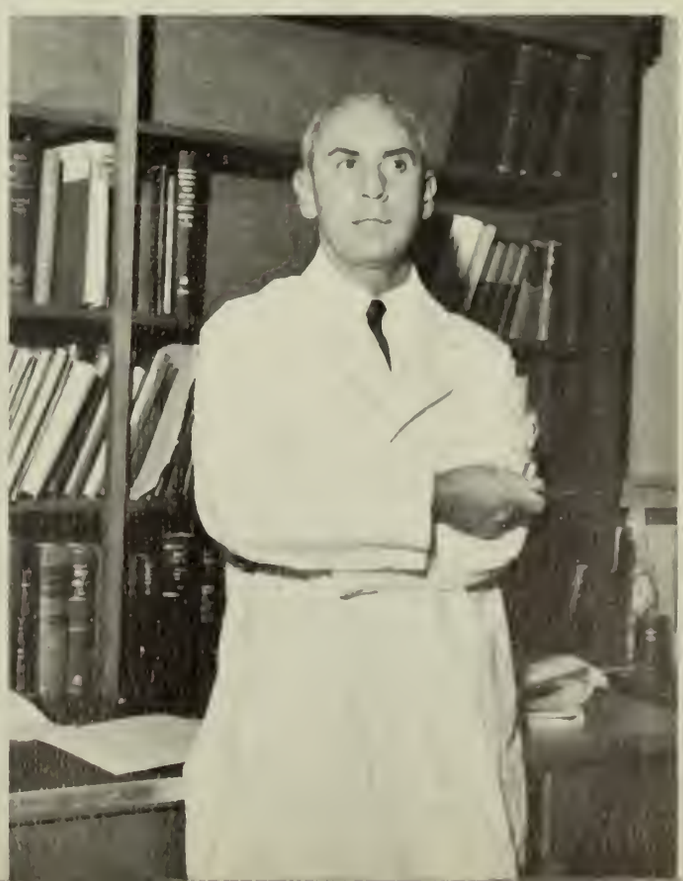
A teacher's primary function is to cultivate the mind of the student. His competency or lack of competency in research should in no way affect his ability to teach.

Finally, the effective teacher must be enthusiastic about his work. Studies have shown that dullness is the often mentioned criticism of students. Many a pupil has been fired with interest in a subject by a teacher who made it seem exciting and important. The successful teacher must approach each day with energy and vitality. Enthusiasm is indispensable.

Teaching holds no promise of fame or wealth; however, those who shape the minds of medical students wield a subtle power in society. In Henry Adams' words: "A good teacher affects eternity; he can never tell where his influence stops."

Joseph E. Imbriglia M.D.

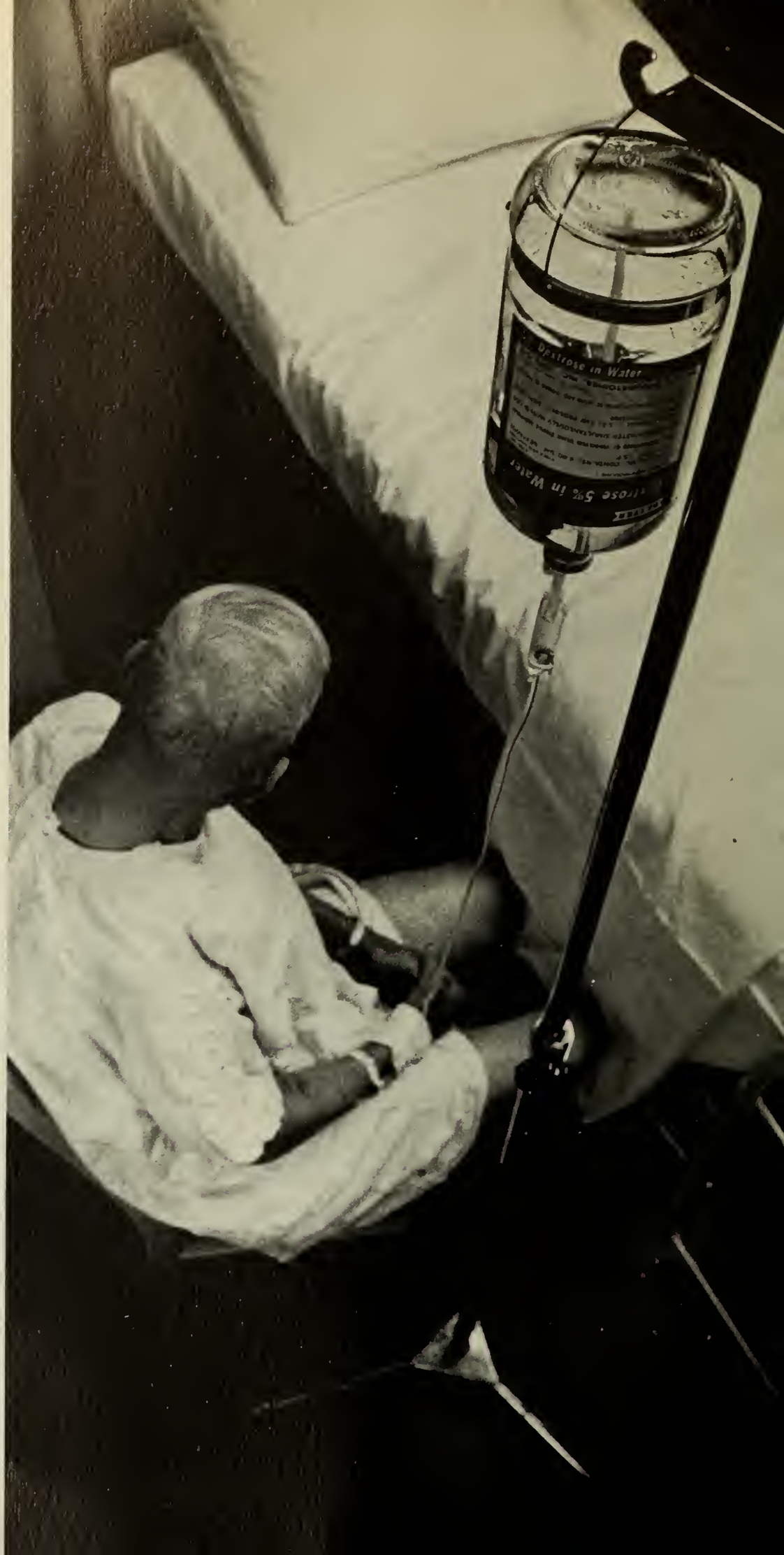




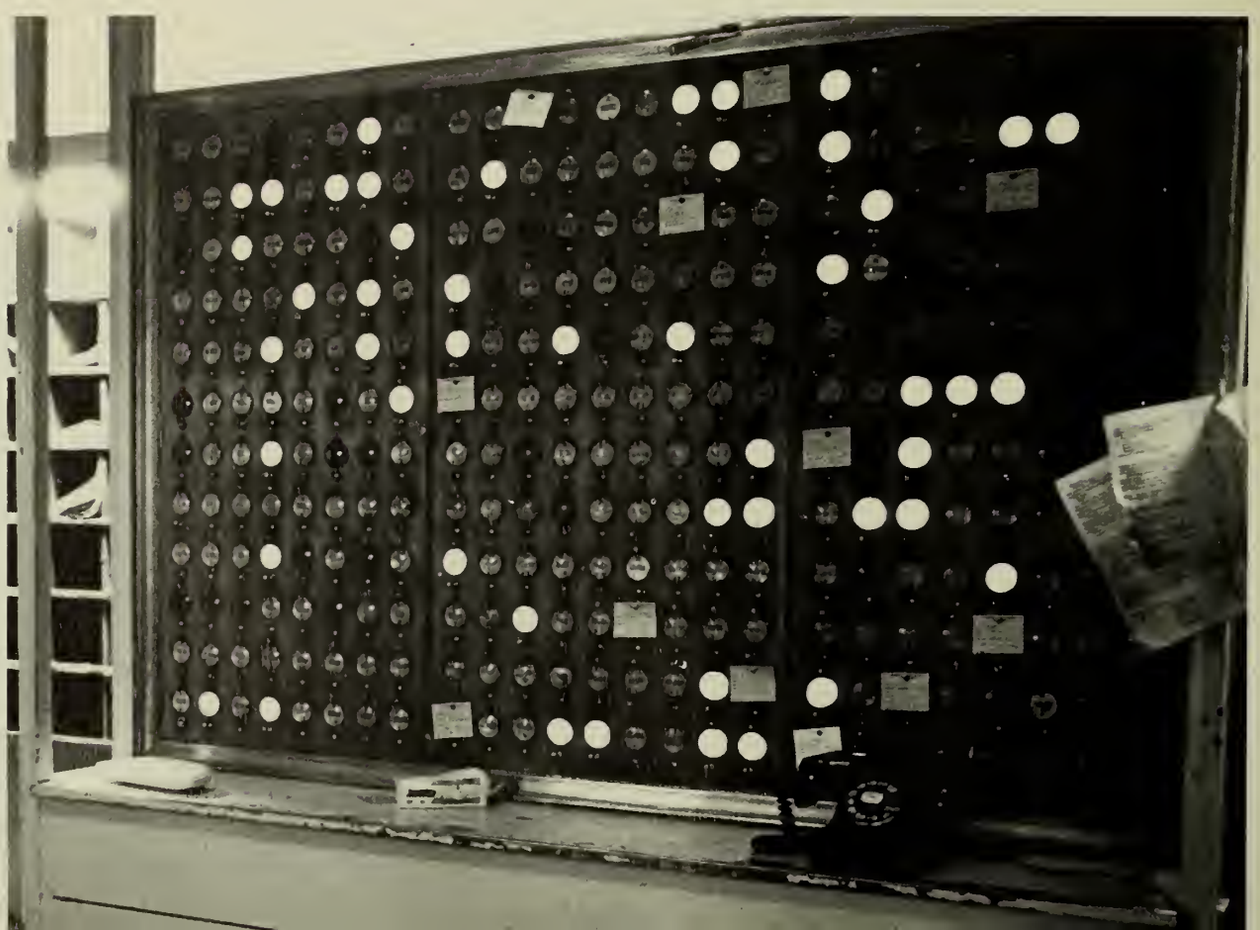
"Every year, young men enter the medical
profession who neither are born doctors,
nor have any great love of science,
nor are helped by name or influence . . .

Without a welcome, without money,
without prospects, they fight their way
into practice; and in practice, they
find it hard work, ill-thanked, ill-paid:
there are times when they say, what call
had I to be a doctor? . . .

But, they stick to it, and that not only from necessity, but from pride, honour, conviction: and Heaven, sooner or later, lets them know what it thinks of them . . .


Dextrose in Water
Dextrose 5% in Water

The information comes quite as a surprise to them, being the first received, from any source, that they were indeed called to be doctors; and they hesitate to give the name of divine vocation to work paid by the job, and shamefully underpaid at that . . .



Calls, they imagine, should master men,
beating down on them: surely, a diploma,
obtained by hard examination and hard
cash, and signed and sealed by earthly
examiners, cannot be a summons from Heaven.
But it may be . . .

For, if a doctor's life

may not be a divine vocation,

then no life is a vocation,

and nothing is divine."

— Stephen Paget
from "Confessio Medici"

THE OATH

I SWEAR by Apollo the physician and Æsculapius & Health & All-heal & all the gods & goddesses that according to my ability & judgement

I WILL KEEP THIS OATH

& this stipulation-to reckon him who taught me this Art equally dear to me as my parents to share my substance with him & relieve his necessities if required to look upon his offspring in the same footing as my own brothers & to teach them this Art if they shall wish to learn it,

WITHOUT FEE OR STIPULATION

but by precept lecture & every other mode of instruction I will impart a knowledge of the Art to my own sons & those of my teachers & disciples bound by a stipulation & oath

ACCORDING TO THE LAW OF MEDICINE

but to none others. I will follow the system of regimen which according to my ability & judgement I consider

FOR THE BENEFIT OF MY PATIENTS

& abstain from whatever is deleterious & mischievous. I will give no deadly medicine to any one if asked nor suggest any such counsel & in like manner I will not give to a woman a pessary to produce abortion.

WITH PURITY & WITH HOLINESS I WILL PASS MY LIFE & PRACTICE MY ART

I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick & will abstain from every voluntary act of mischief & corruption; AND FURTHER from the seduction of females or males of freemen & slaves.

Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I WILL NOT DIVULGE

as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated may it be granted to me to enjoy life & the practice of the Art respected by all men in all times! But should I trespass & violate this Oath may the reverse be my lot!

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President

HUGH BENNETT, M.D.
Associate Dean

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WILLIAM F. KELLOW, M.D.
Dean

When you are practicing medicine, you may be even more conscious than now regarding how much is written about the high calling of a doctor of medicine, his devotion to his patients and the godliness of his work. You may be struck, however, with the little thought which is given to these noble purposes by the doctor himself as he goes about his tasks each day. Nevertheless, in my judgment all that is written is true.

The discrepancy herein lies in human failure. All our earthly institutions are composed of men, and "Ay, there's the rub." The finest of men can become overwhelmed and exhausted by the demand of his work. The quality of men, furthermore, is variable, and every institution and every profession will acquire its share of the selfish and unscrupulous. While the demands of medicine are great, this profession has the capacity to rise above the human weaknesses of its members. The occasion to assist a fellow being in his darkest hour and to do so in a meaningful way is not afforded to many men as part of their daily work. Such opportunities can bring much satisfaction and personal enrichment to the life of the doer.

As you prepare yourself philosophically as well as intellectually for the life of a physician, I urge that you look not to the profession of medicine for wealth and worldly gain. Most of you will not find such profit here. Look instead for the chance to derive reward from your profession by remaining alert to the significance to others of what you do or of what you may leave undone. Extend personal kindness and patience to those who are wearied from illness. Give particular attention to the hopeless for they are the most neglected and yet the most sensitive and the most grateful for a word or a look or a minute.

Follow this prescription and you will die without great wealth. You may have a bequest of greatness, however, to leave your heirs. And in your years of retirement you will have an account of fine memories to spare you from disquiet.

William F. Kellow

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Pre-clinical

BERWIND KAUFMANN, M.D.
Professor and Chairman

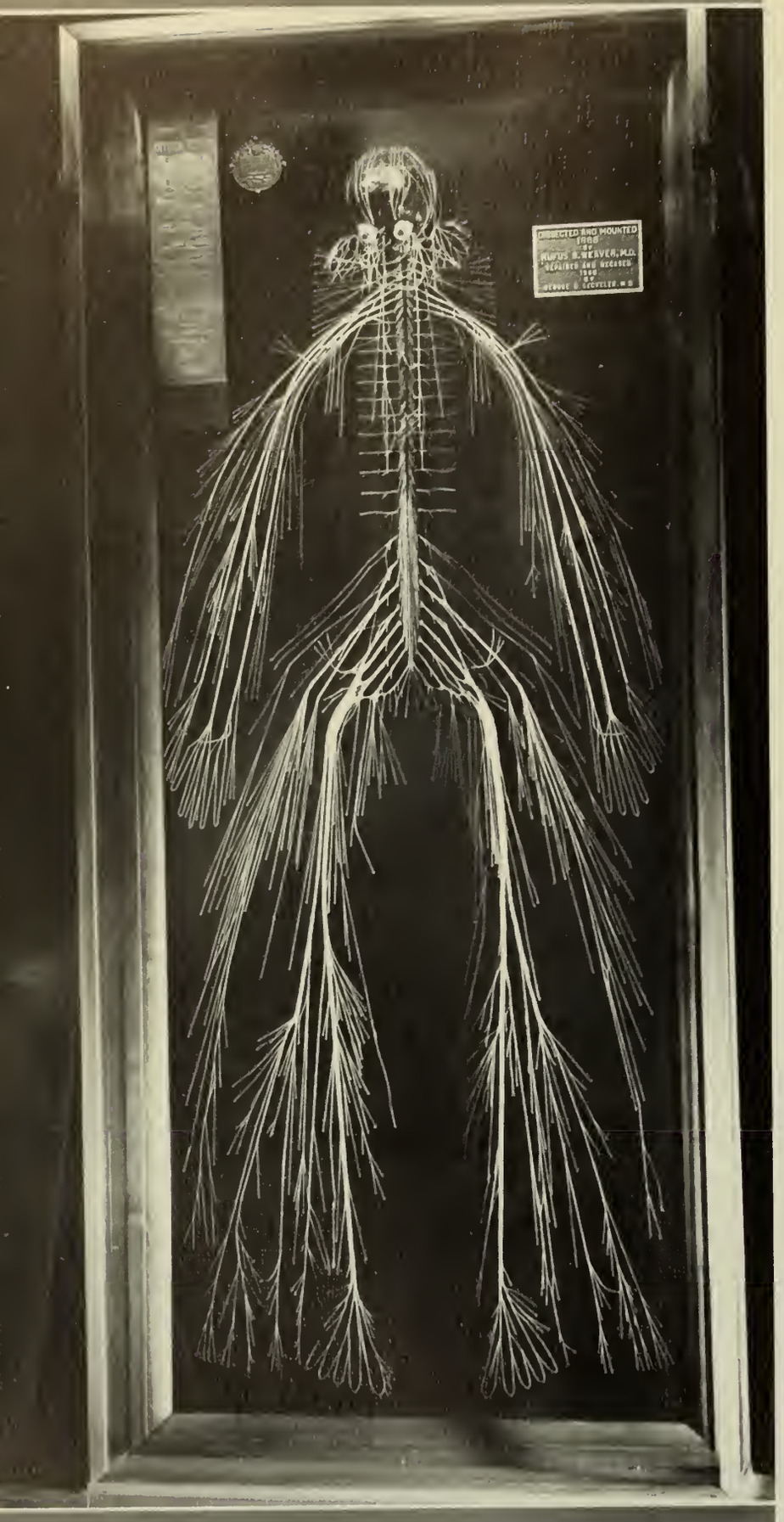
ANATOMY

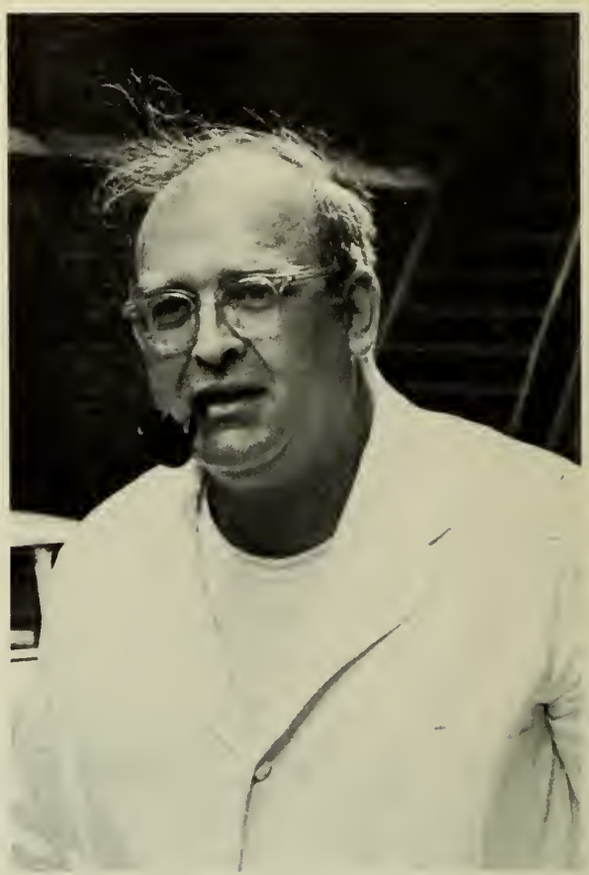
A systematic and scientific approach to learning human architecture by proven techniques of dissection; strange though, how so many structures were never seen until the practical exams. And yes, the lectures were beneficial, if you didn't remain awake. Of course we cannot forget the view box and lantern slides which were undecipherable, bone boxes, and a brain, neuro models, "weins and wessels," and microscopic slides with tissue structures cleverly hidden beneath odd chemical stains. As we look back, we are glad we are looking back, and not ahead.

. . . add a pinch of garlic and bake in a 350 degrees oven for three hours.

PETER S. AMENTA, Ph.D.
The collar bones connected to the . . . uh . . . uh . . . uh . . .

. . . well, if it isn't the Ortho Detail Man . . .





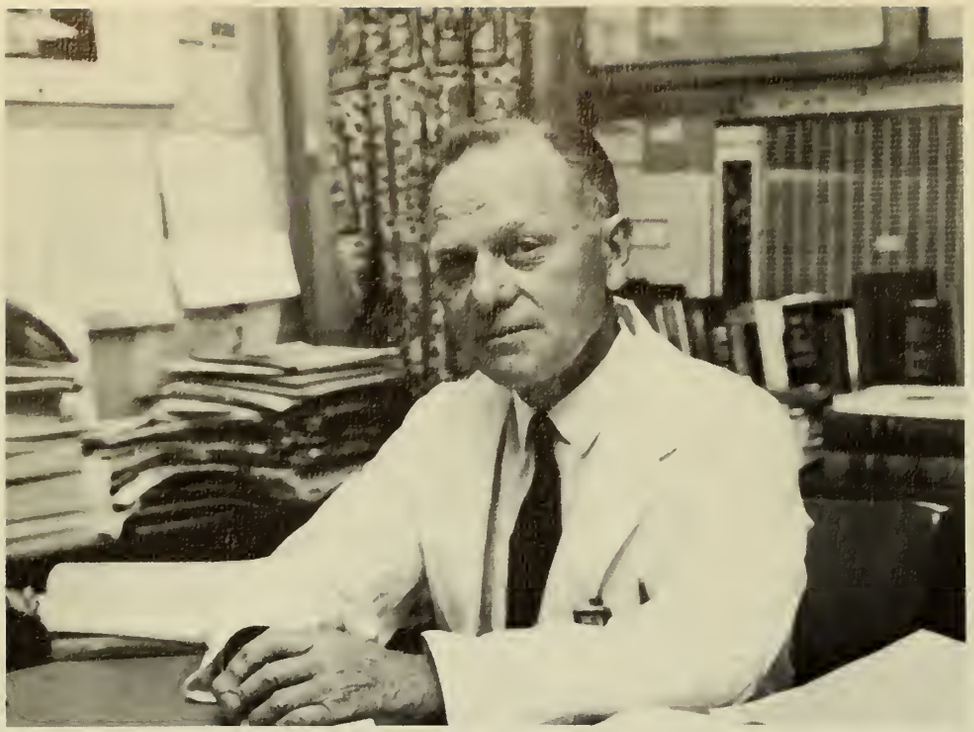
HENRY L. PERLMUTTER, Ph.D.

JOHN H. VAN DYKE, Ph.D.
"THAT is the ultimo-brachial body."

LIVINGSTON CHUNN, M.D.

Just plain Bill.

BIOCHE



JOHN M. BOYD, Ph.D.
Professor and Chairman

PETER OESPER, Ph.D.

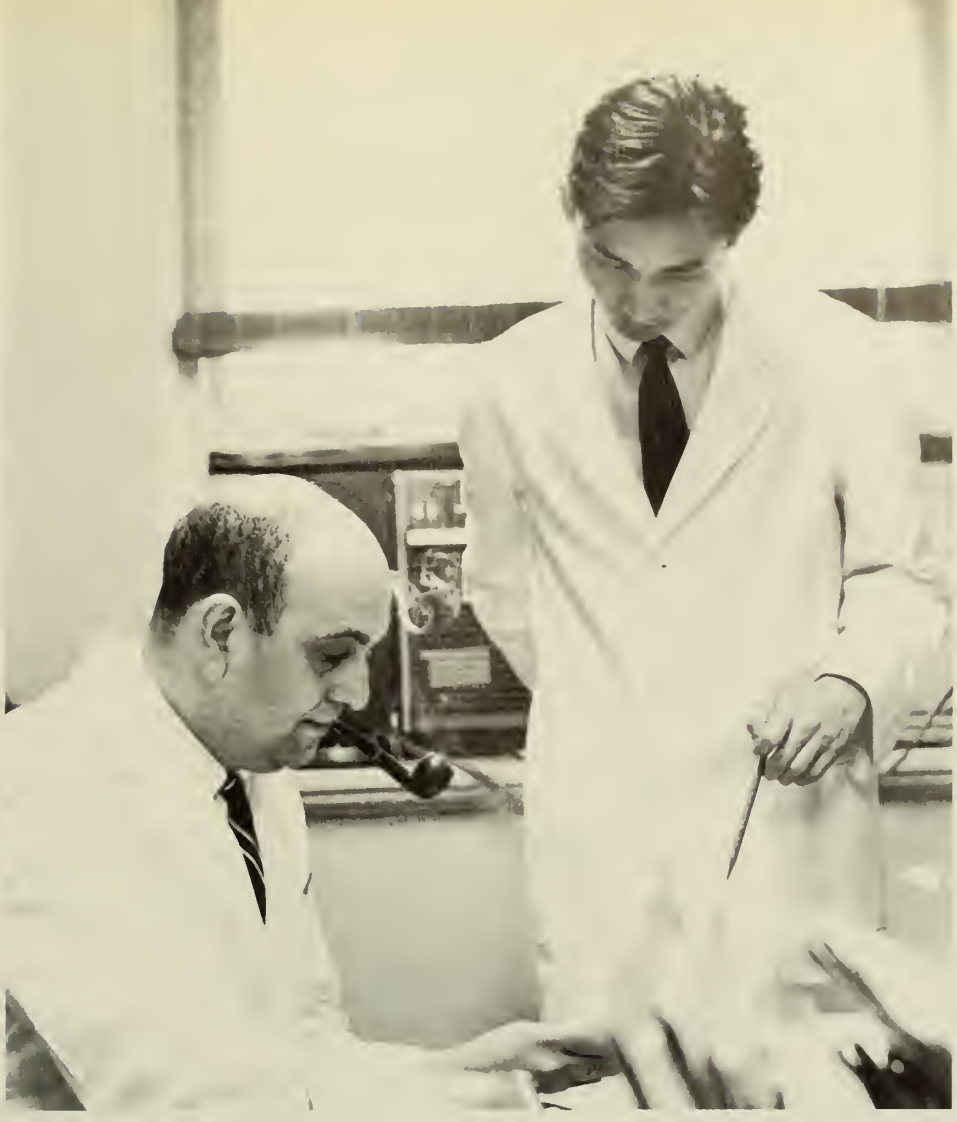
MISTRY

In the laboratory we faced an abundance of glassware which defied description as well as identification, compounds whose structure were as bewildering as their names and, of course, unknowns which could be quantitated only by adding mystical numbers and hoping that the instructor wouldn't check too closely. Didactic instruction was superb: Betty Crocker's deepest secrets revealed in "Man, an example of dynamic equilibrium (or 26 ways to prepare leftover calcium)," The Nirenberg trial or "Andy brought the wrong Jug," and may other ventures into Limboland.

GERT M. JACOBSON, Ph.D.
"Beats me; better see Dr. Schultz."

JOSEPH S. DEFRATES, Ph.D.
"Interesting problem, see Dr. Jacobson, he's the expert."

"Dr. Boyd isn't in — see Dr. De Frates."



JULIUS SCHULTZ, Ph.D.
"Can't be bothered, see Dr. Alexander."

JAMES K. ALEXANDER, Ph.D.
"Never heard of it, see Dr. Boyd."

JOHN C. SCOTT, Ph.D.
Chairman

PHYSIOLOGY is derived from two Greek words: logos meaning 'experiment'; and physios meaning 'time consuming.' The course was built upon the thesis that if you see a principle in action you would never forget it. We, therefore, learned that: (1) Pussy cats die when you want them to live; (2) Pussy cats live when you want them to die; (3) A pithed frog can still pith; (4) Mercury runs down your pant leg and into your shoe when you turn the wrong knob on the Van Slyke machine; and (5) Never trust an anesthetized dog. It was in this course that we were first exposed to (A) Dr. Scott (B) Mrs. Rabinowitz (C) Both (D) Neither.

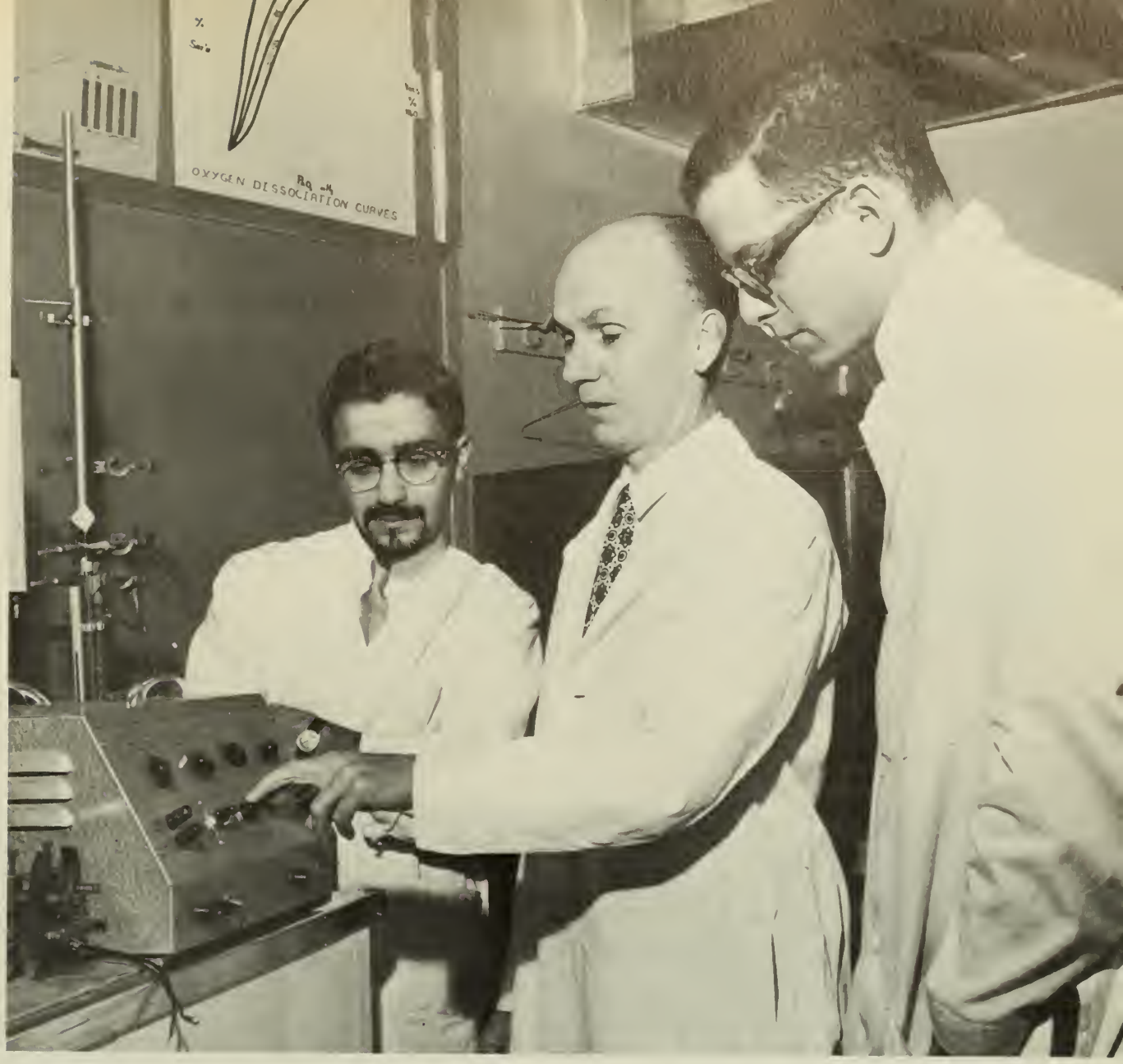
We passed the tube
We wretch and sneer
But the 4:30 lecture
Kept us here.

PHYSIOLOGY

WILLIAM T. McELROY, Ph.D.

"Goody, it's almost time for Sally Starr."

"Hey Joel, I've found the leak in the circulation schema!"



EMERSON A. REED, Ph.D.

"And this button goes to the toilet seat on the 4th floor."

JOHN SPITZER, M.D., AARON BECHTEL, Ph.D.

"Dear undecided . . ."

PATHOLOGY

JOSEPH IMBRIGLIA, M.D.
Chairman

Recently the Path dept. had their annual dinner at the morgue.

HORS D'OUVRES

Chicken fat clots — Fish mouth valves
Crackers with current jelly stools

ENTREE

Nutmeg liver & Rice water stool — Placenta previa Candied yaws.

BEVERAGE

Coffee ground emesis

DESSERT

Frozen Pelvis with Berried aneurysm — Strawberry Gall Bladder with uremic frost

After dinner all relaxed and enjoyed a "Bloody Show."

IRENA KOPROWSKA, M.D.

"Now try it with your eyes open."

Black belt Judo instructor
Pathologist.
Part time Rock & Roll singer
Dr. E. Koiwai, Marlboro smoker.

E. K. KOIWAI, M.D.

JOHN DOLPHIN, M.D.

"Gee whiz, he even puts himself to sleep."

"Holy Smokes, He does have an eye in the middle of his forehead."

"This is a hell of a way to spend a blind date."

"And I listened to Betty Friedan"

"If it ever happens again Bernard, Don't raise your hand . . . Just leave."

"Pathology has fascinated medical students for over 3 centuries."

MICROBIOLOGY

AMADEO BONDI, Ph.D.
Chairman

Microbiology was a unique course, it stressed the big things, and asked the little things. The big things stressed were: bacteriology, virology, and parasitology. The little things they asked were: (1) the significance of a negative complement fixationhemagglutination-coldpretationingibition inhibition test for tsutsugafernst; (2) the average bust size of Dr. Moat's barflies; and (3) what is the organism which causes Salmanellosis. In the laboratory we learned the great value of cleanliness and sterile technique such as washing our hands, instruments, and desk tops with amphyl, until the day anthrax and pseudomonas was cultured from this disinfectant. As seniors we recommend the best way to pass the course is to attend lectures faithfully, take copious notes, read the text from cover to cover and most important kidnap Dr. Bondi's son and hold him for ransom.

"Here we go loop-de-loop . . ."

Dr. Gaby — "Selma — that's short for Selmonella Derby."

RICHARD CROWELL, Ph.D.
IHOR ZAJAC, Ph.D.

"If this virus escapes it could probably destroy t
world."

"Don't feel too bad, Dr. Bondi had Brucellosis also."

GREGORY MOAT, Ph.D.

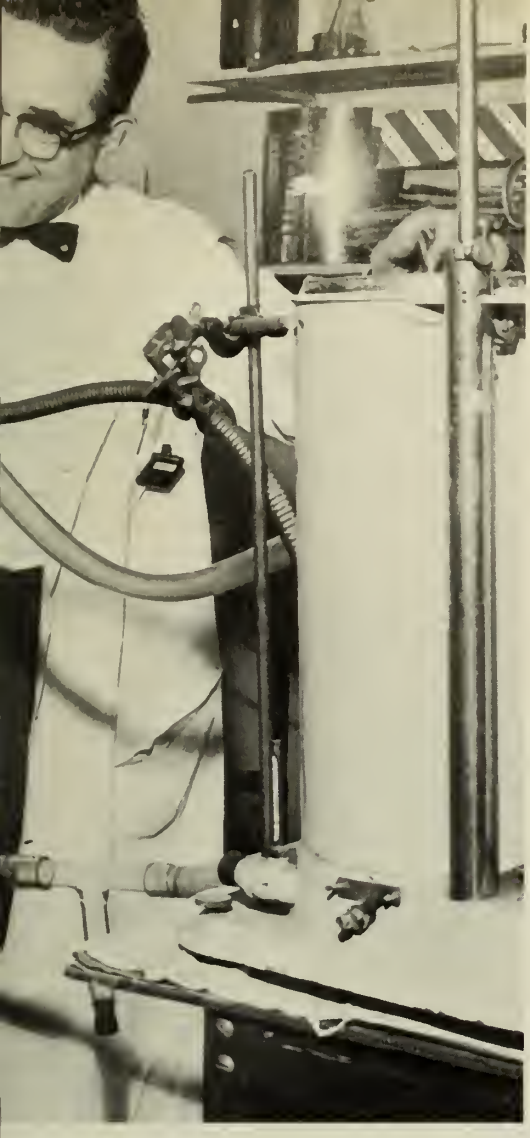
JOSEPH DIPALMA, M.D.
Chairman

PHARMACOLOGY

You may talk of old pathology
Gross anat and Physiology,
They're tough ones, to be sure, and do
their harm,
But the killer of them all,
Like beating head against stone wall
Is that blinkin' back breaker course
called Pharm.
For it's Pharm, Pharm, Pharm
The killer course which causes most alarm,
For which you read and study late
'Til your heart does palpitate.
But, alas, to no avail — that old Pharm.
It begins with anesthetics,
Goes through Dig and Diuretics
Til you're ready for straight jacket and
funny farm.
You read and read your Drill
Till you want a poison pill;
But that's the diabolicicity of cunning
Pharm.
For it's Pharm, Pharm, Pharm
That's boring and without a drop of charm
It's the course your strength gets sapped on
It's the course your head gets crapped on.
That laughing, Ex-lax rich, old Pharm.
From the Beginning to the end
It's like being chased by a mad fiend,
Or paddling a canoe in some Pacific storm.
For it comes in thick and fast
From the first until the last
That soul-destroying devil of a Pharm.
For it's Pharm, Pharm, Pharm
I only wish that it could be disarmed,
But the Board results they want
Will make the students weak and gaunt
You Benzedrine consuming
How I hate you, how I'm fuming
You endless, enuitic bird, old Pharm.

BENJAMIN CALESNICK, M.D.
"How does that grab you?"

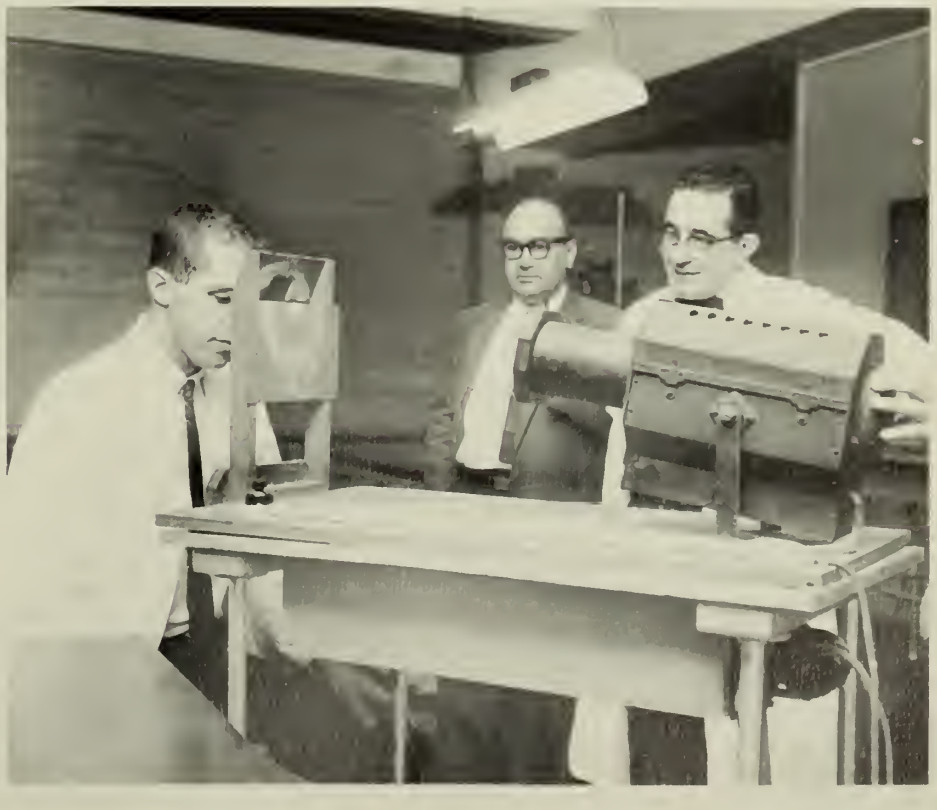
MORRIS SPIRTES, M.D.
"I use Brylcream, So What?"



JENS CHRISTIANSEN, M.D.
"That's the funniest thing
I ever heard."

"Curly Hair? I have a naturally curly head."

"You'll still get the $7.50 even if you don't survive."



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Clinical

WILBUR OAKS, M.D.
JOHN MOYER, M.D. Chairman
EDWIN POLISH, M.D.

CHARLES THOMPSON, M.D.
HOBART REIMANN, M.D.

"Psst wanna buy some post cards?"

MEDICINE

GADDO ONESTI, M.D.
CHARLES SCHWARTZ, M.D.

A new clinical subspecialty game has been discovered, it's called "CON-FRENZY." The game is played as follows: 3 men on each team, one staff man, one resident and one intern. The object of the game is to out score your opponent. Scoring is as follows:

ONE POINT
A) opening remarks, B) Quoting percentages in the range of 12-14%, C) Quoting an article, but no author or information, D) Quoting an author but no article or information, E) Quoting your own series of cases, F) Quoting Readers Digest or Time Magazine, G) Excessive use of black board, score 3 points for multi-color illustrations or drawing with both hands.

TWO POINTS
A) Saying "For the benefit of the students" before making comments, B) Degrading another subspecialty, C) Getting called to the phone 3 or more times, D) Making derogatory remarks about Penn, E) Disagreeing with the guest speaker unless he comes from over 200 miles and has slides in which 3 points are scored, F) Saying you wouldn't last ten minutes in Boston, G) Quoting a foreign journal, 3 points if quoted in native tongue, H) two points for pushing the right button the first time for the movie screen in Classroom C, I) General remarks such as blaming the lab for change in patients' condition, J) Ending a conference after its time limit or asking another question as the conference breaks up.

THREE POINTS
A) A reversal, which is reversing a degrading remark about you (score 2 points other) and converting it into a degrading remark about your opponent, B) Talking 5 minutes on a subject out side of your subspecialty, C) Contradicting the department chairman in an open conference, D) For answering the phone 5 times or more in any one conference, E) For just happening to have some slides with you and a resident projectionist, F) For having all your laboratory tests performed in special laboratories (Renak, Endocrine, etc.), G) Bringing the patient to the conference after all the physical findings are gone, H) Bizarre special studies performed for non-specific symptoms.

FOUR POINTS
A) Sharpest sport jacket at the conference, B. Referring to a colleague in conference by his first name, C) Inviting the referring osteopath to **HIS** case conference, D) For quoting a new famlial periodic disease.

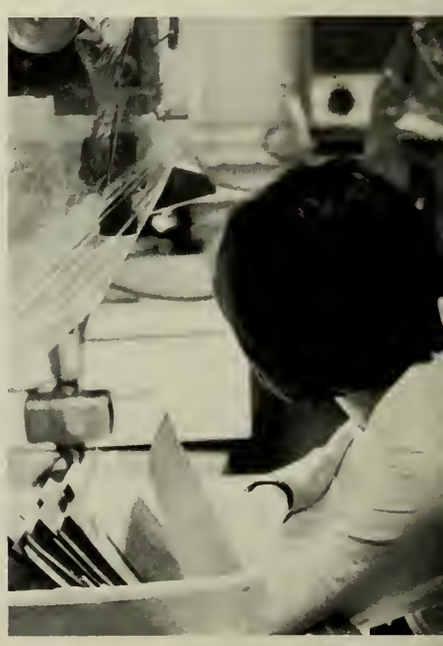
FIVE POINTS
A) Closing remarks such as: Ending a technical discussion with a philosophical remark or trying to summarize a 3 hour conference in 3 hours???

The winning team will receive the opportunity to phone in orders for one month. The second place team will receive an original copy of the famous article "How to Clinically Differentiate Between Emphysema and Emphysemer." The honorable mention team will get a Dr. Satinsky Day Camp Sweat Shirt.

"How was I supposed to know it was Dr. Moyer — We've never seen him."

"So Gaddo thought it was lemonade?"

"They found urate crystals in your what?"



MORTON FUCHS, M.D.
"That's funny . . . my maid says use **HOT** Compresses."

ALBERT BREST, M.D.
"True, It's a small point, but you flunk."

"In the beginning I created . . ."

WILLIAM LIKOFF, M.D.

ISADORE BRODSKY, M.D.
S. BEN KAHN, M.D.
"But on paper he isn't bleeding"

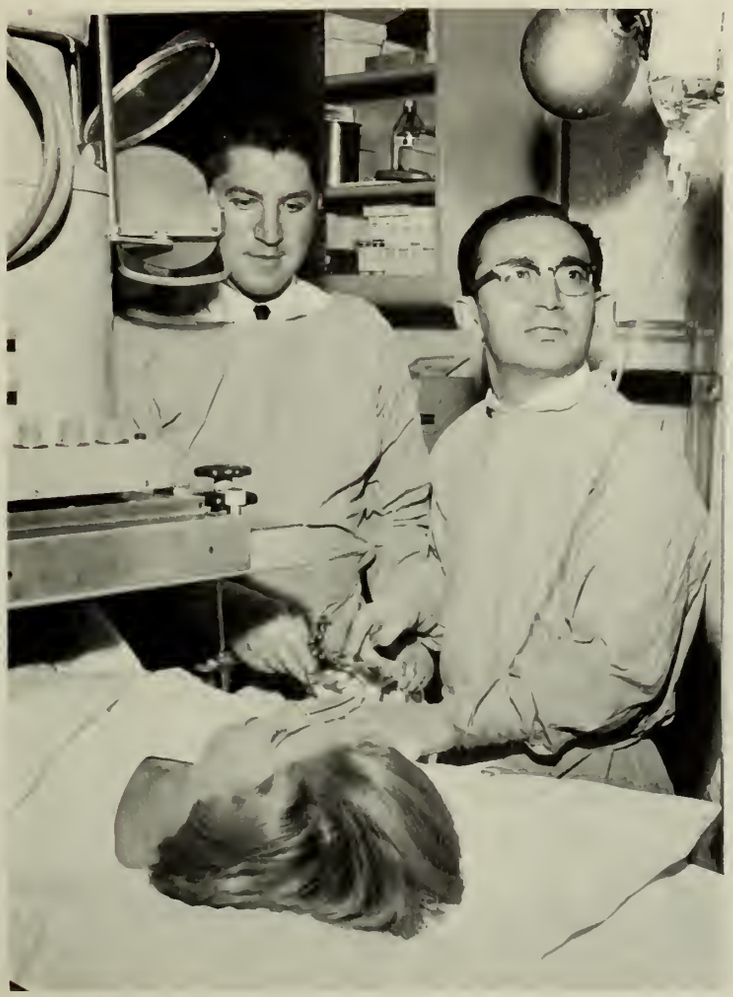
"Mel Yudis is wearing it today, that's why"
LEONARD DREIFUS, M.D.

DANIEL McCARTY, M.D.

"So you think Asprin disolves faster
than Bufferin, huh?"

DONALD BERKOWITZ, M.D.

LEWIS C. MILLS, M.D.



AL KASPER, M.D.
HRATCH KASPARIAN, M.D.

"We've done it, we've changed him!!"

Robert Gatter, M.D.
O.K., big mouth, when I count to three go for your guns.

Leon Cander, M.D.
I don't know how the hell it works, but it sure looks impressive.

Marvin Hand, M.D.

First you put your two feet close up tight . . .
Joseph Urecchio, M.D.

. . . And then the lady said to me, "You don't look Jewish."

So I said you used what, where?
Leslie K. Nicholas, M.D.

Raoul Fleishmajor, M.D.

JACK W. COLE, M.D., Chairman

EDWARD D. COPPOLA, M.D.

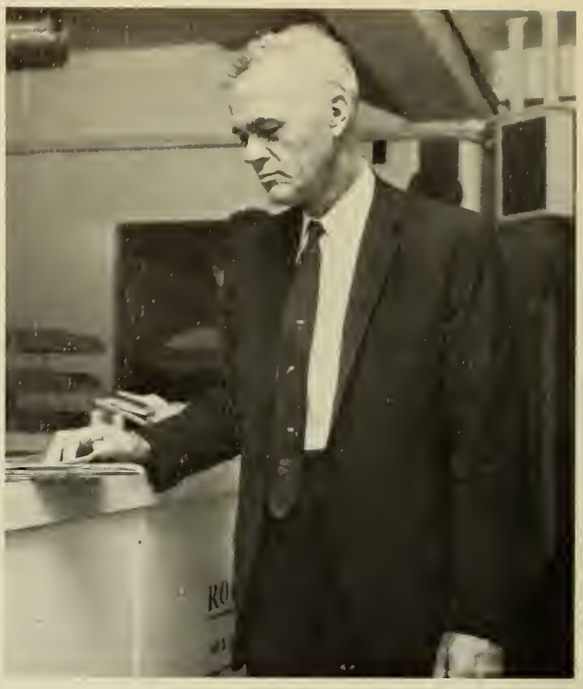
SURGERY

You may think of gin and beer,
But it won't bring any cheer
As your arm aches from holding a retractor.
And you gaze with bleary eyes,
While the surgeon cuts and ties
And you pray for aid from an unknown benefactor.
As your arches ache and fall
You feel like climbing up the wall.
But there just is no relief for any student.
So you cut sutures too damned short
And too long just for the sport.
But with finals near you get to be more prudent.

PHILIP VONFRAENKEL, M.D.
Bronchoscopy

AL PEARCE, M.D.

. . . Don't you feel then that in view of all these facts that there is a definite indication for surgery at once?

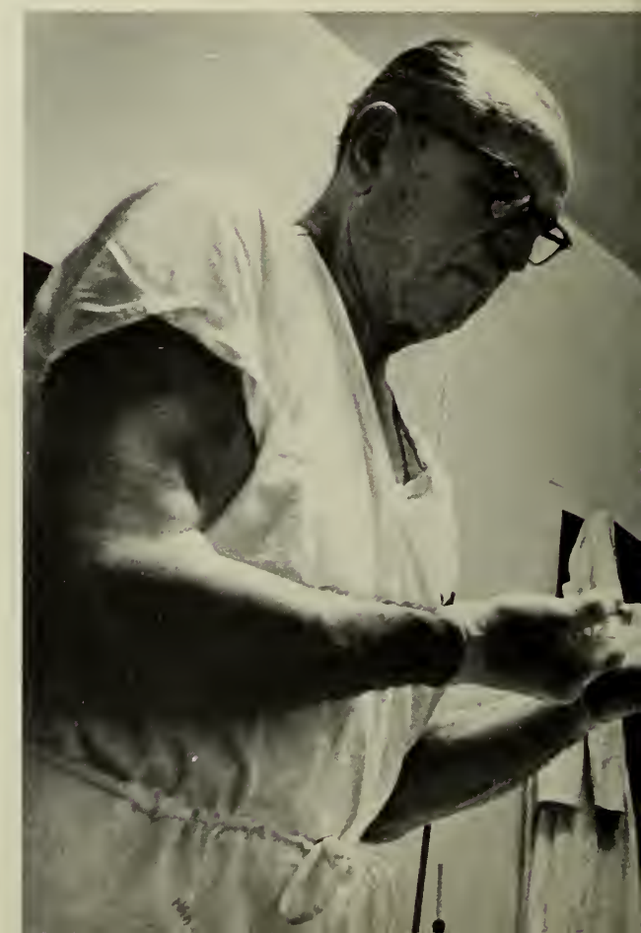


AXEL OLSEN, M.D.

"mmfff"

. . . She began slowly to unbutton her blouse . . .

Dr. Martin



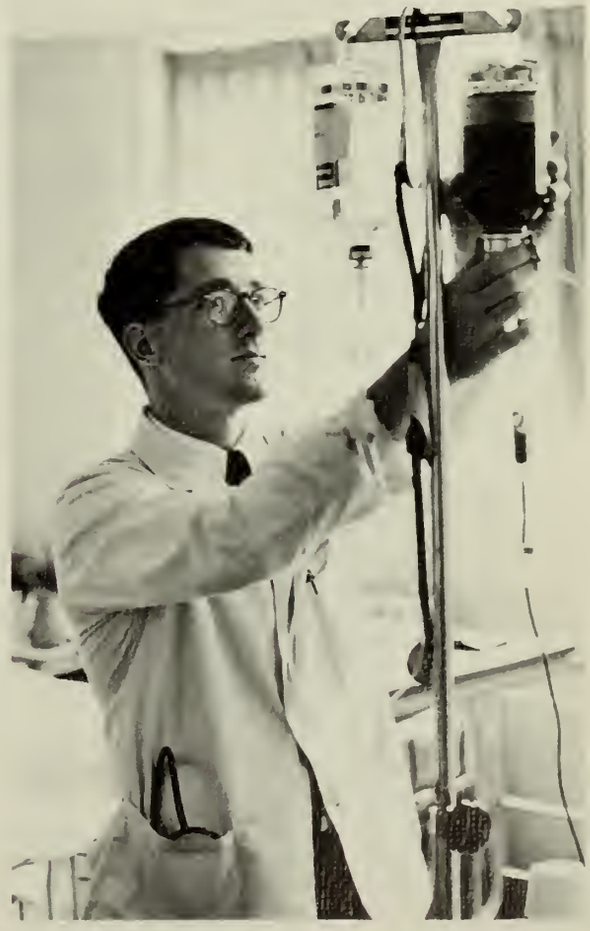
FRANK TROPEA, M.D.

"It's a **!!** — shame the way some people murder English."

ROBERT BOWER, M.D.

"What sort of a man reads playboy?"

"If only Uncle Dracula could be here now!!"



LUTHER BRADY, M.D.

Charles Wolferth, Jr., M.D.
What do you mean, I AM smiling.

. . . but I thought YOU sutured the valve in place.

G. Blanco, M.D.

Robert Green, M.D.
I think you're cute too, Oscar.

Sure, I love my pipe. But what does that have to do with my being a Urologist?

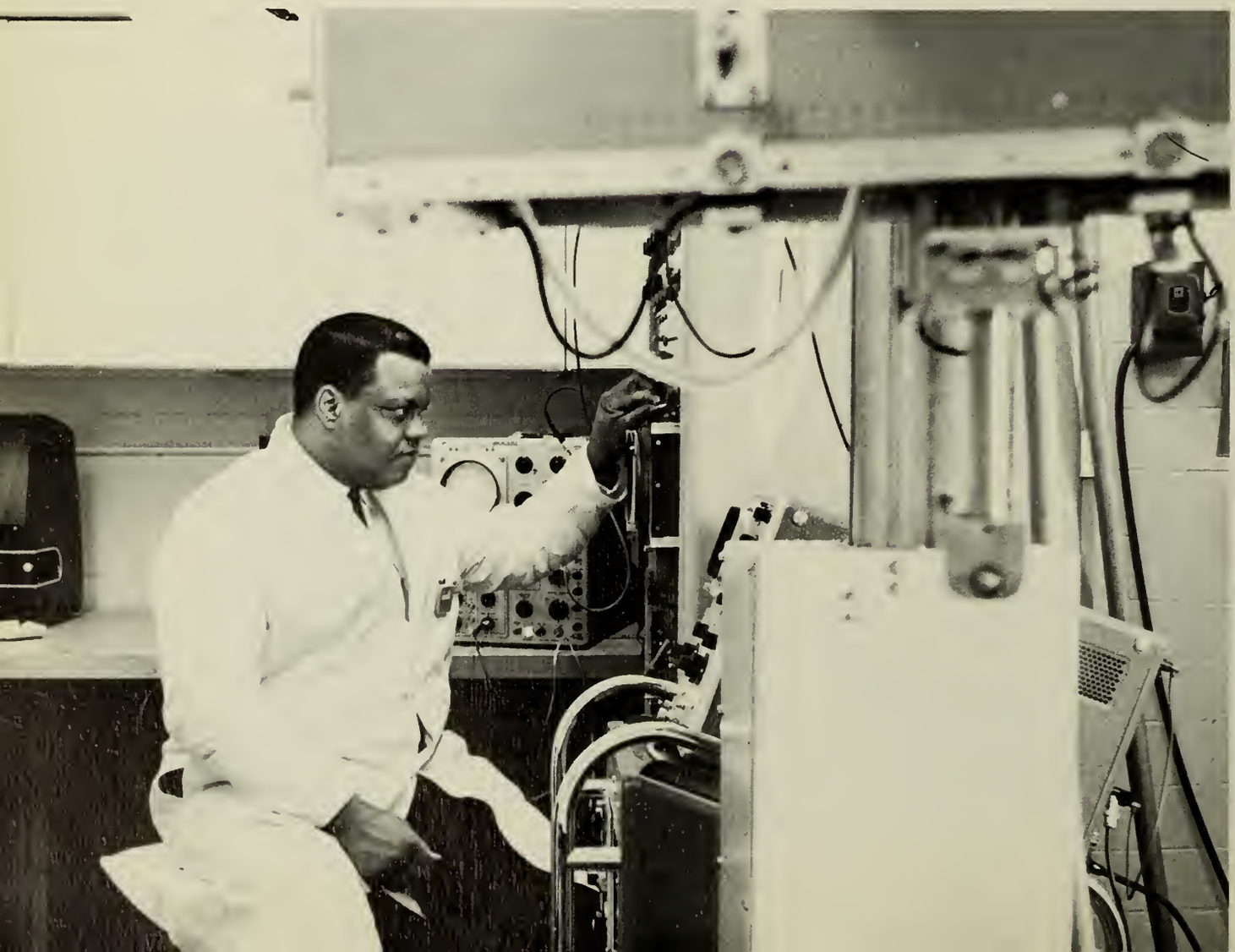
John Gislason, M.D.

J. STAUFFER LEHMAN, M.D.
Professor and Chairman

DONALD PARLEE, M.D.

RADIOLOGY

GEORGE C. EVANS, M.D.
The damn coin return is stuck again.



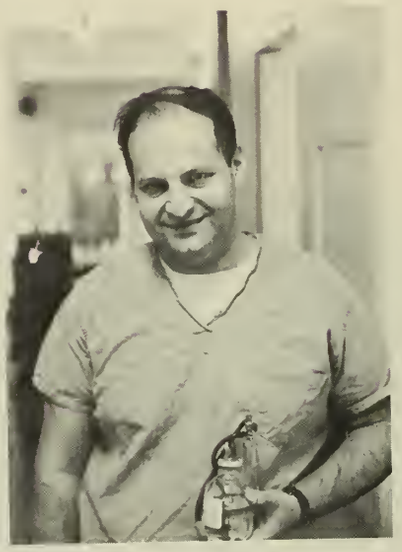
ARND SCHIMERT, M.D.
I'll take ½ dozen wallet size and two 9 x 12.

LUTHER W. BRADY, M.D.

O.K. now, open wide.

OBSTETRICS AND GYNECOLOGY

George C. Lewis, M.D.
Chairman



Trick or treat?

Albert M. Cook, M.D.

Domenic Pontarelli, M.D.

With gums like that, no wonder your teeth fell out!

. . . You found a urate crystal in her WHAT?

Budd Wentz, M.D.

Ronald Jaffe, M.D.

Bruce V. MacFayden, M.D.

Just as labor is divided into four stages and phases, one may also divide the teaching of Obstetrics & Gynecology (soft G) into four phases —

1. Anachronistically, the first phase is the "Uterine Phase." Here the student is taught that a woman is born to serve only one function in life, that is to have a hysterectomy (Greek — meaning rip it out). No matter what the age, symptom, or contraindication, if the woman thinks that a possibility exists that she has dysmenorrhea (whatever that means), and/or dyspareunia (which is better than no pareunia at all), and she is not pregnant, identify the ureters (most important fact taught a resident) and then rip it out.

2. The next important principle taught is obstetrical anesthesia. As residents caudal, subdural, epiarachnoid, epilipomentum flavus, & subcutaenous ansethesia are practised with the diligence of a true student. Once in practice, however, — G.O.E. and forceps.

3. Along with the second principle, in fact inseparable from it, is proper analgesia & sedation for the laboring woman. Here also, a fine line must be towed between oversedation, which means neonatal anoxia, and undersedation, which means when the patient is Gravida II she will have someone else deliver her. It is for this reason that Demerol 100, Seconol 50, Nembutol 75, and most important Scope 1/150 is given to the patient; and an Apgar IV baby is given to the pediatrician.

4. The fourth stage is the obstetrical hour. This is the amount of time it takes the staffman to convince the partuent that it was he and not the resident who delivered the baby.

Newlin Paxson, M.D.

Dr. Seymour Stein
. . . blood may be thicker than water Joel, but DON'T TOUCH MY CHARTS!!!

"Pop" Hunter, M.D.

William Reishtein, M.D.
. . . a loaf of bread, a jug of wine, and ME, doctor, ME.

"I'm sorry Dr. Stein, I didn't mean to touch your chart."

. . . so just for the helluvit, I decided to push the kid back in.

PEDIATRICS

Carl Fischer, M.D.
Chairman

Sadness — is a sick mother who brings in a well child.
Sadness — is a family with four children coming for a small pox vaccination.
Sadness — is presenting your first pediatric history and physical to Dr. Baren.
Sadness — is presenting your twentieth pediatric history and physical to Dr. Baren.
Sadness — is asking Dr. Downing the significance of a split S-2.
Sadness — is disagreeing with Dr. Downing concerning the significance of a split S-2.
Sadness — is a rectal thermometer which disappears.
Sadness — is an infant proving his G-U system patent on your new tie.
Sadness — is a sick ten-year old who goes to an internist.
Sadness — is senior pediatrics at Girard College.
Sadness — is senior pediatrics.
Happiness — is a mother with laryngitis.
Happiness — is having your oral with Dr. Lipshutz.

O.K., if I can't be Banker, you can't play with my Monopoly set.

Martin Baren, M.D.

The Pediatric dose for Aspirin?
Hmmm — Let's see . . .

Arthur Lipshutz, M.D.

O.K., we'll use Dr. Fendrick's Monopoly set.

Gerald Fendrick, M.D.

Daniel Downing, M.D.

PSYCHIATRY

Van Buren O. Hammit, M.D.
Chairman

Many people have the tendency to poke fun at Psychiatry, and we feel it is the job of the MEDIC to praise, not berry the psychiatrists. Psychiatry has made major strides forward by its ability to diagnose metal illness from subtle changes in personality patterns. Hahnemann boasts a fine department store of psychiatry. It's chairman, Van Buren Van Buren Van Buren, has collected a stiff of world renowned psychotics who have become, each in his write. If, for any raison, you become troubled while watching the mainspring, remember summer is sure to follow me, no matter what they always follow me, always follow me. And remember, a stitch in time is worth two in the bush.

I wonder if the photographer sees these little men on my shoulder?

Jerome Karasic, M.D.

Nobody leaves the room 'till I get my rattle back.

Herman Belmont, M.D.

Mitchell David, M.D.
Yes Mother . . . O.K. Mother . . . Yes Mother. . .

Doc, I think I'm a rabbit.

And in this cell we have two young fellows who think they're secretaries to the Dean.

Debby and Mike Grossman

The Corlins

FAMILY

Beverly and Bill Black

The Clement Clan

Sonny and Marv Kromash

Judi and Ken Van Dine

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The Suters

Carolyn and Frank Brosgol

Paula and Myron Bloom

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The Dobrotas

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Jane & Don

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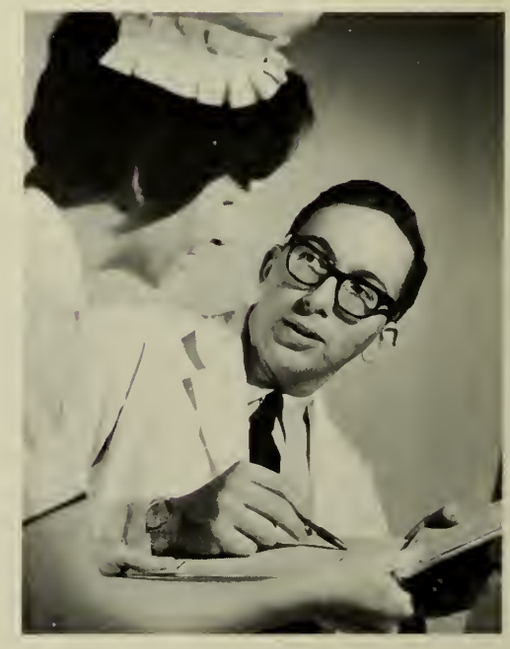

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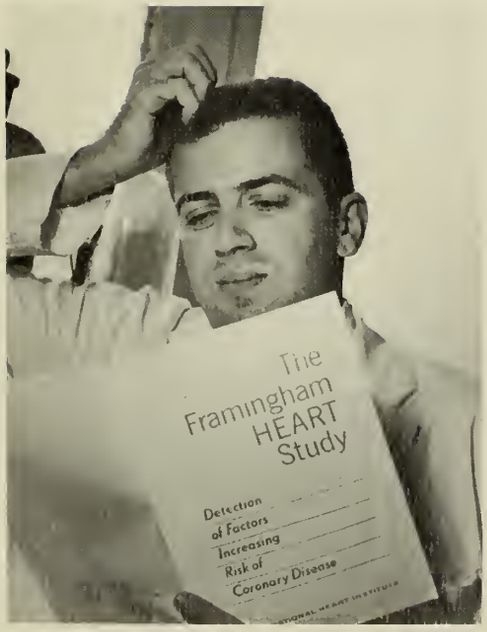

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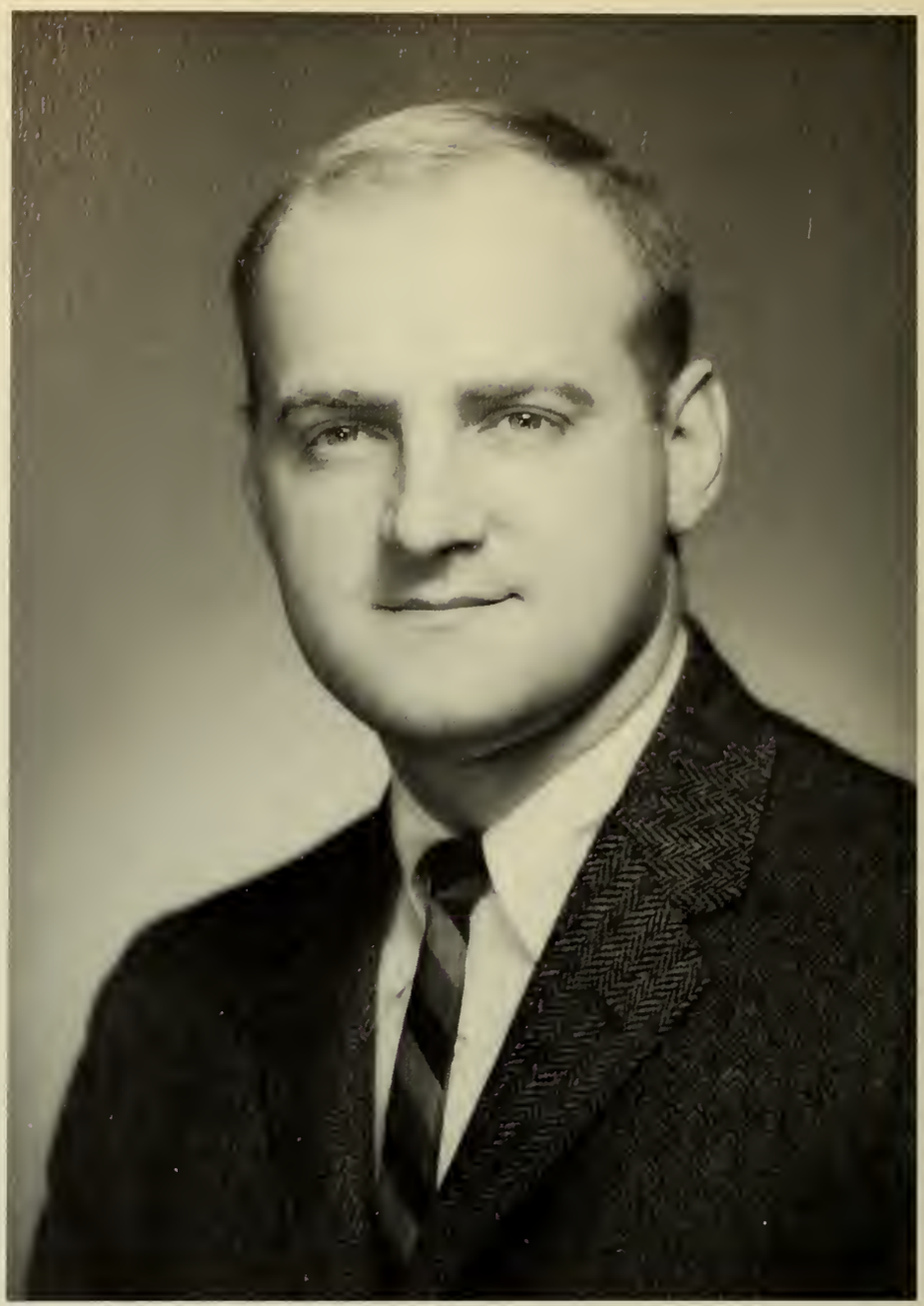

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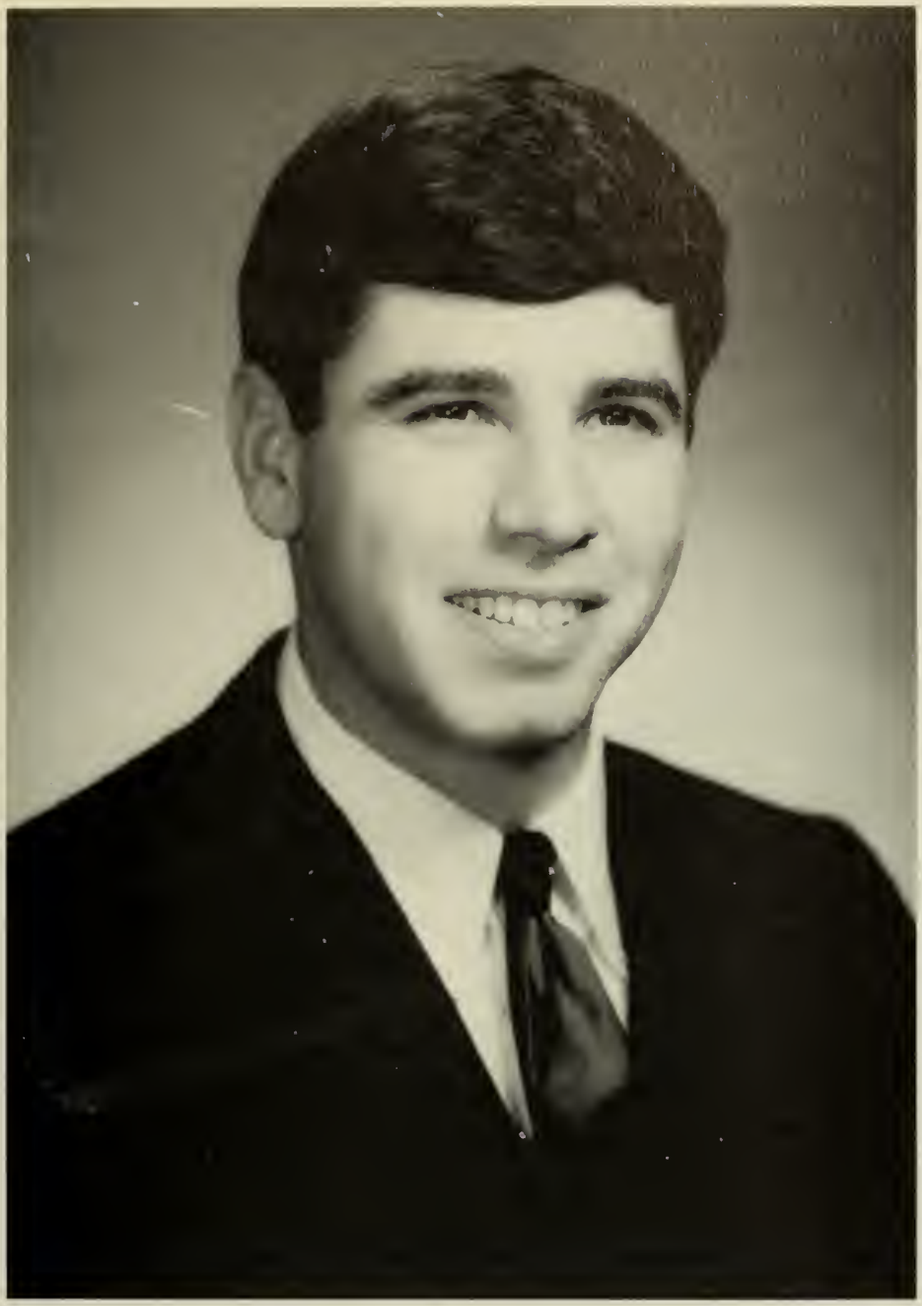

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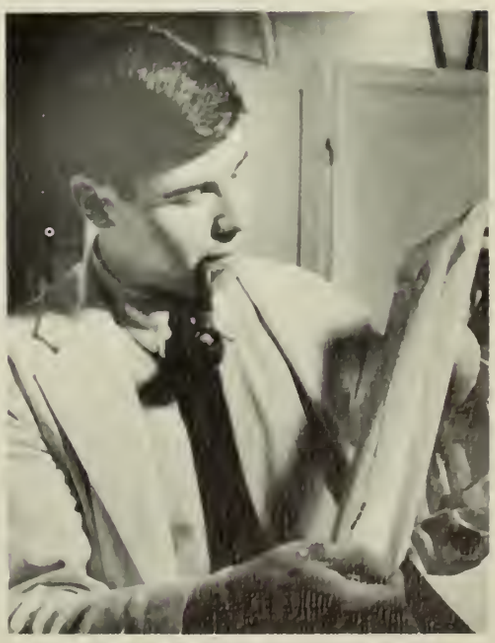

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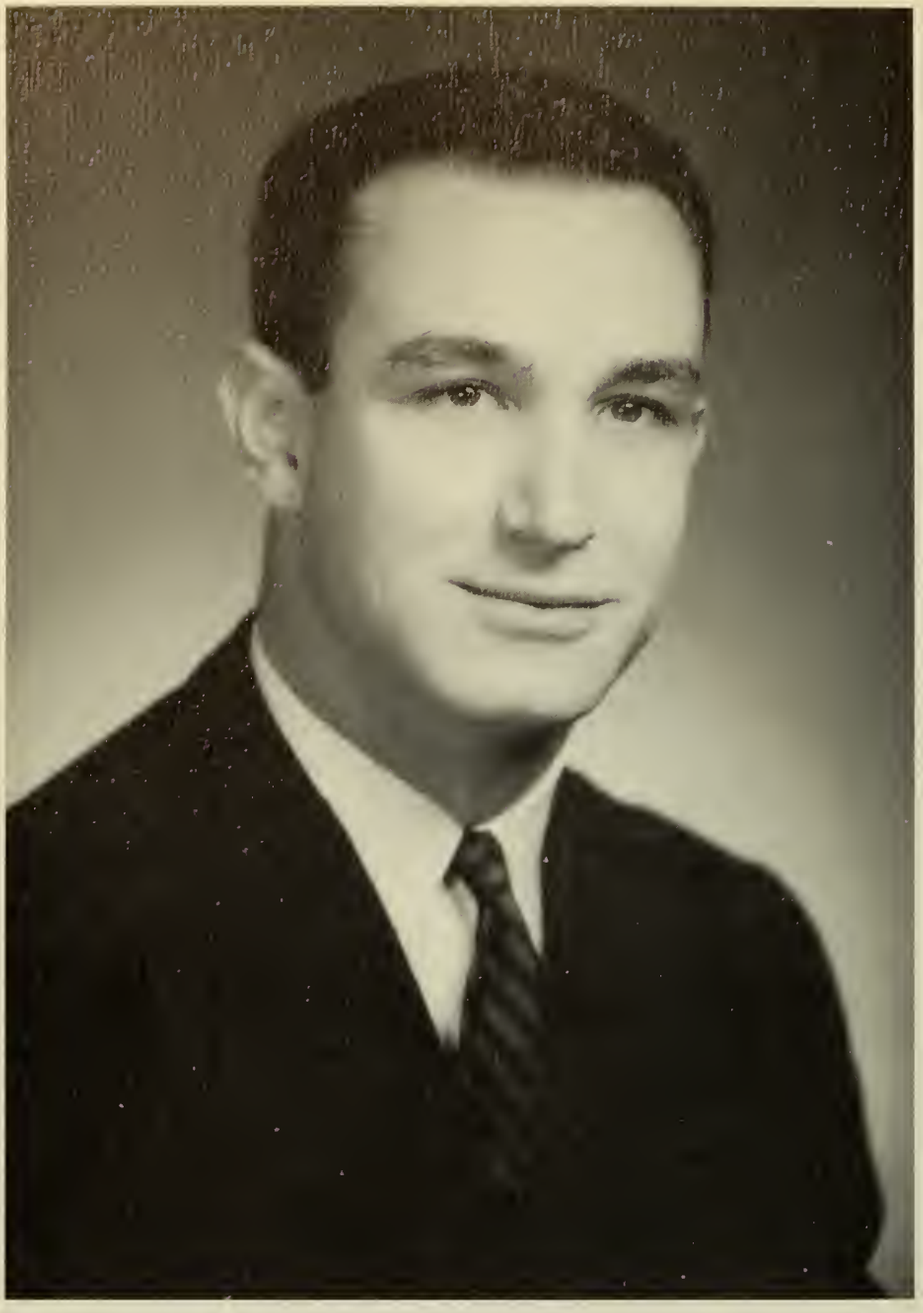

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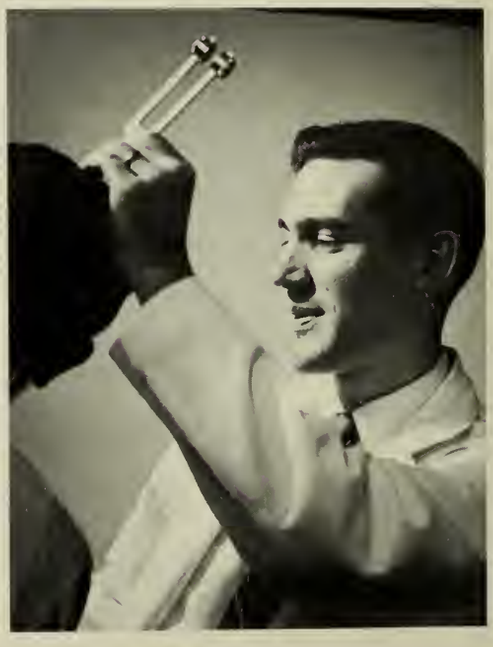

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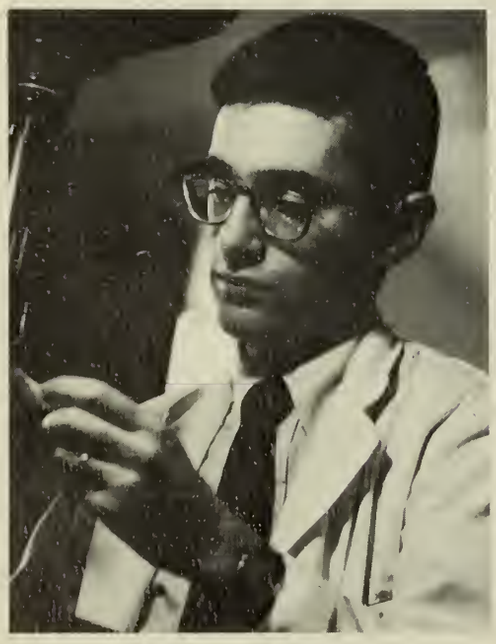

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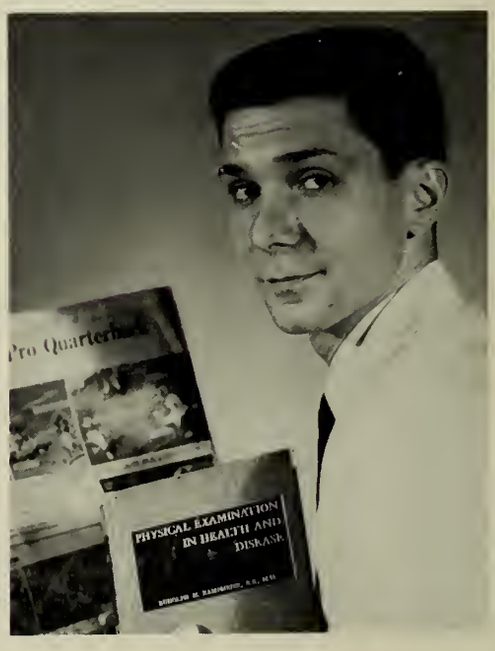

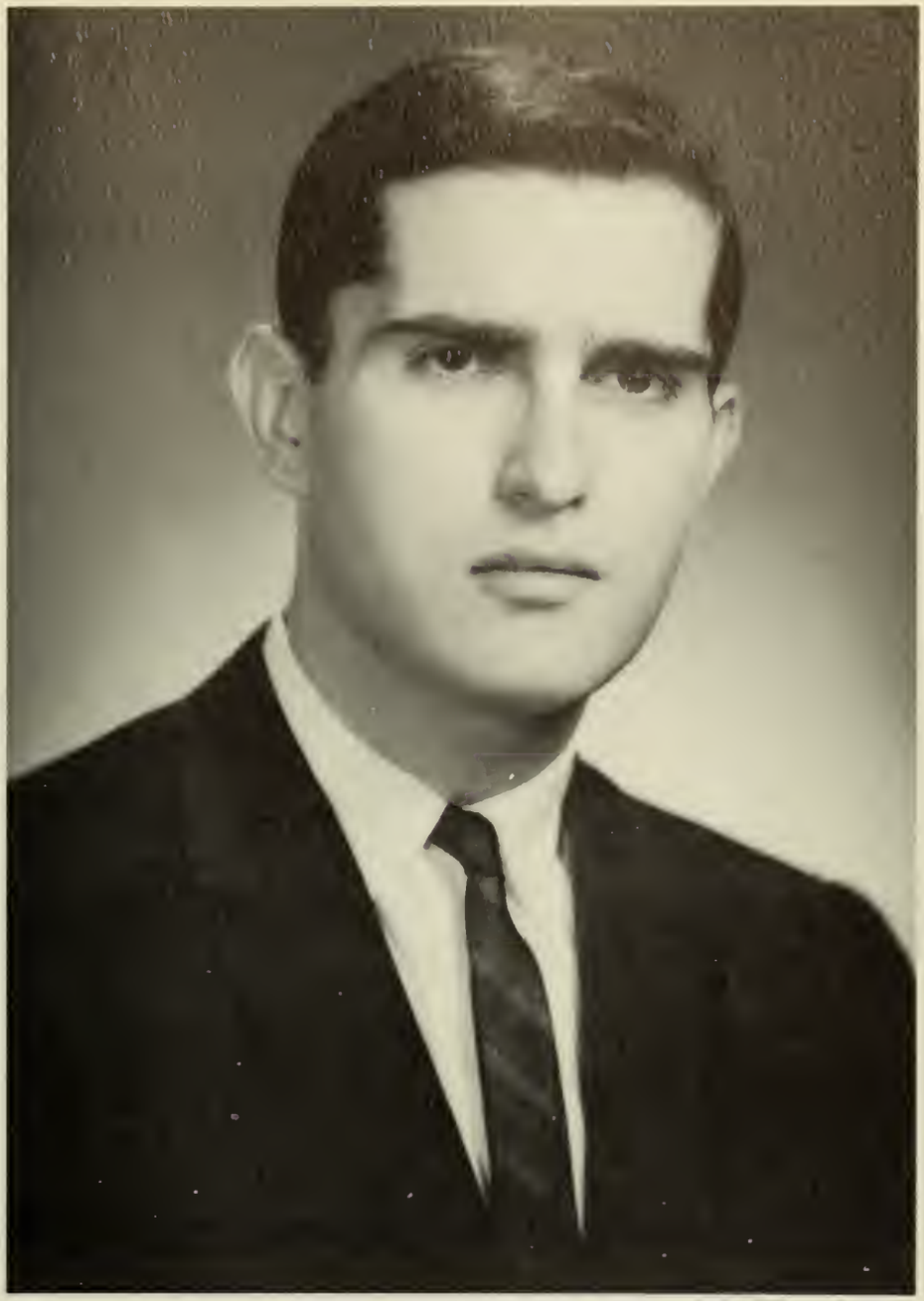

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IN MEMORIAM

We join in remembrance of the passing of two men of the Hahnermann Community. We regret the loss of our teachers and friends; FOSTER MURPHY, M.D. and JOHN NOON, M.D.

— The Medic

Clinical Professor of Medicine
FOSTER MURPHY, M.D.

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A community voluntary institution founded in 1883, with a bed capacity of 328 beds, and 40 bassinets. The hospital bed capacity is divided into four care categories:

Obstetrics	40 beds
Pediatrics	53 beds
Medicine & Surgery	216 bed
Intensive Care	19 beds

In addition to the facilities, the medical care teams of the hospital are well-supported in their efforts by a modern, well-equipped Laboratory and Blood Band, X-ray, Physical Therapy and Rehabilitation, and Anesthesia Service.

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The Professional education program of the Altoona Hospital is under the direction of the Director of Medical Education, Dr. J. M. Stowell. The practical experience is stressed at the Altoona Hospital as it is our philosophy that it is very important to follow and round out the medical education after the academic training of the university medical school. All patients in the hospital are available for teaching purposes.

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The Hospital is approved for 12 rotating Internships and offers Residencies in Obstetrics-Gynecology, Surgery, General Practice and Pathology. Duty schedules for Interns require service every third night and every third weekend. The Intern stipend is $500 a month and $300 moving allowance to cover the costs of initial moving expenses to Altoona. In addition, a uniform allowance, room and board, and adequate malpractice insurance coverage along with YMCA membership is also provided.

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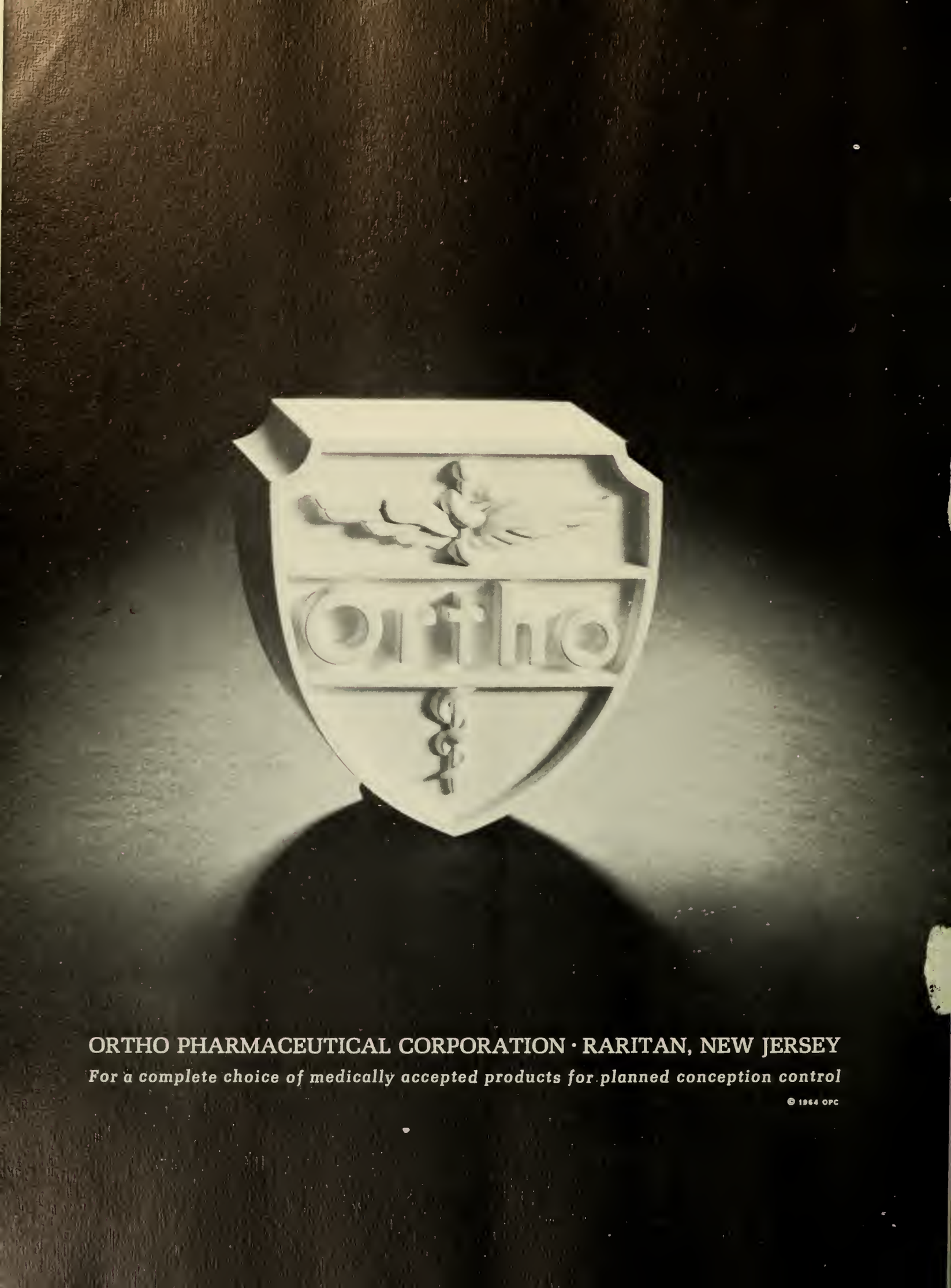

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Admissions	10,304
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Operations	4,321
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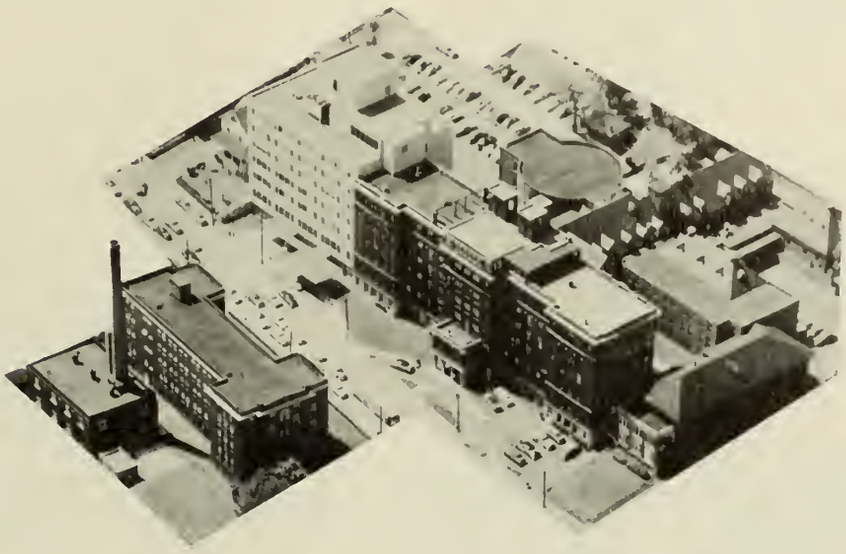


A fully accredited short-term general community hospital of 449 beds and 40 bassinets. The hospital is located in an industrial community of over 65,000 and serves as a medical center for a population of some 350,000 persons. Situated 70 miles east of Pittsburgh and 120 miles west of Harrisburg it is in the heart of beautiful mountain and farming country.

EDUCATIONAL PROGRAM

A twelve month rotational program beginning July 1 provides diversity of experience. The intern spends two months in pediatrics, two months in obstetrics-gynecology, four months in medicine (including psychiatry) and four months in surgery (including duty in the emergency room); laboratory, anesthesiology and radiology experience is integrated into the total program.

CONFERENCES

Didactic instruction is provided by regularly scheduled conferences in Clinical Pathology, General Staff, Medicine, Obstetrics-Gynecology, Pediatrics, Radiology and Surgery. In addition, a Graduate Education Institute is conducted by prominent men in the field of medicine from University faculties.

CLINICAL MATERIAL

Over 16,000 inpatient admissions yearly.

Inpatient Diagnosis	Number of Cases
Cancer	510
Dental	236
Dermatology	30
Gynecology	876
Medicine	3,832
Neurology	247
Neurosurgery	10
Newborn	1,230
Obstetrics	1,492
Ophthalmology	295
Orthopedics	333
Otorhinolaryngology	215
Pediatrics	3,002
Psychiatry	460
Surgery	1,780
Tuberculosis	22
Traumatic Surgery	766
Urology	780

All outpatient services including clinic visits, emergency room, and outpatient diagnostic services number over 64,000 visits per year. Clinics included are:

Arthritis	Obstetrical
Children's Cardiac	Orthopedic
General Practice	Pediatric
Gynecology	Surgical
Medical	Tuberculosis
Neurological	Tumor

FACILITIES

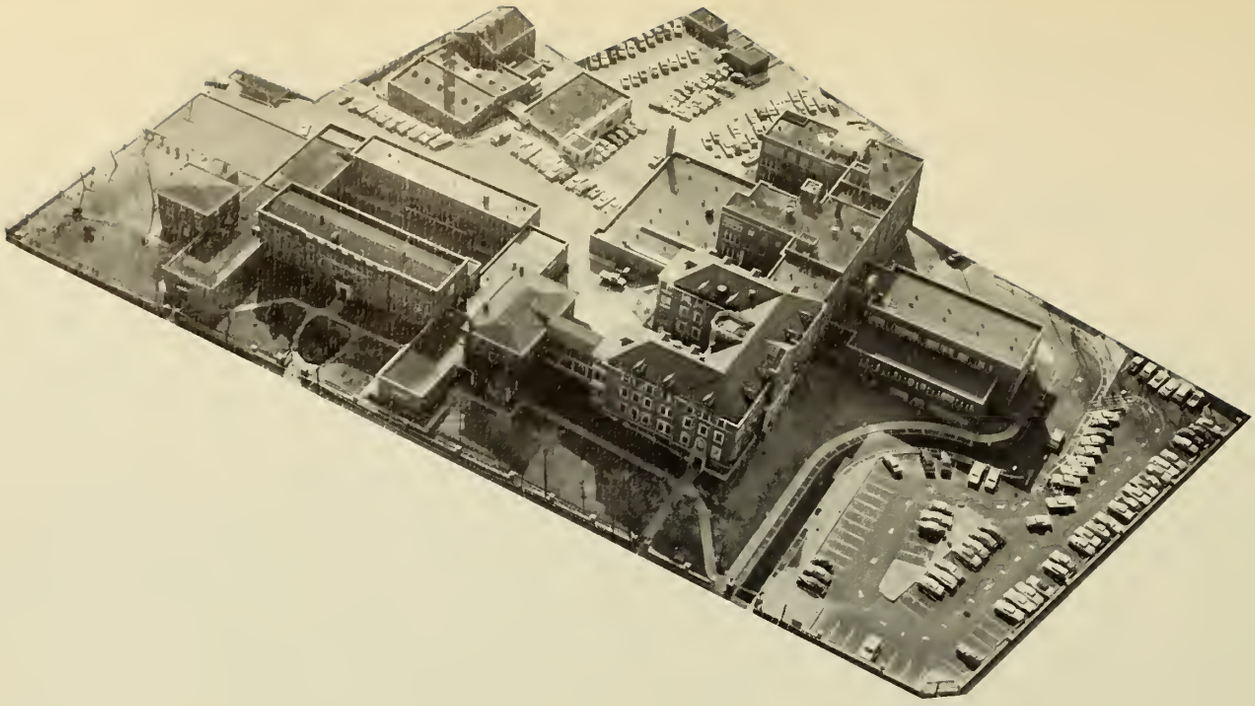
The monthly stipend for items is $300 plus maintenance and uniforms. Living quarters for single interns are provided at the hospital as well as bachelor apartments. Apartments are provided married house staff members.

APPROVED RESIDENCIES

Anesthesiology, Pathology and Surgical Residency appointments are made from the Intern Staff at Memorial Hospital and other approved hospitals.

INVITATION

Medical students are invited to visit the hospital to discuss internship and residency training programs with the Superintendent, the Director of Medical Education. Resident and Intern Staff and Active Staff members.



WEST JERSEY HOSPITAL

HOSPITAL STATISTICS

Bed capacity	418	E.C.G.	6,037
Admissions	13,850	O.P.D.	10,211
Deliveries	1,862	Emergency ward	14,611
Operations	7,184	Emergency ward (admissions)	2,456
X-Rays (diagnostic)	20,827	Autopsies	43%
Radioactive Isotopes	156	Average patient stay	8.9
Pathological tests	233,673		

Significantly, 21% of the general admissions are ward cases, while 44% are ward obstetrics. This obviously offers to the house staff a wide selection of cases for which he would assume responsibility.

CONFERENCES

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Radiology (3 P.M.)	Medicine (3 P.M.) Cardiac (4 P.M.) Anesthesia (8 P.M.) Jointly with the Anesthesia Department, Jefferson Medical College	Journal Club (monthly) Urology (12:30 P.M.) Surgery (3 P.M.) Electrocardiogram (4 P.M.)	Pathology — Autopsy (8 A.M.) Closed circuit FM Medical conference (12 Noon) Orthopedics (3 P.M.) Obstetrics — Gynecology (3:30 P.M.) Tumor Clinic (12 Noon)	Visiting Lecturers (2 P.M.) General Staff (Monthly) Pediatrics (1 P.M.)	Basic Science (9 A.M.)

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4. No air conditioning on days when the temperature is over 80, no heat when below 40.
5. Do not write on the wall as it may damage our new LUCYite soundproofing.
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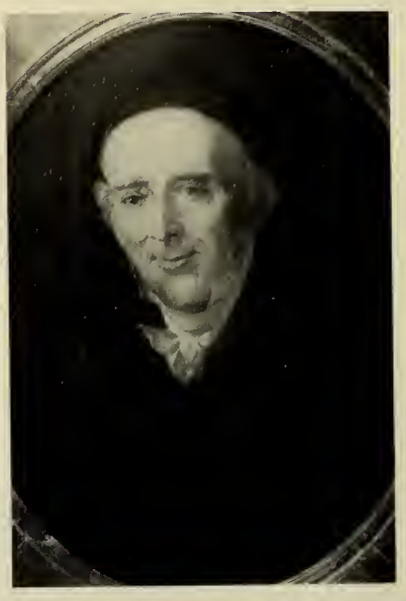
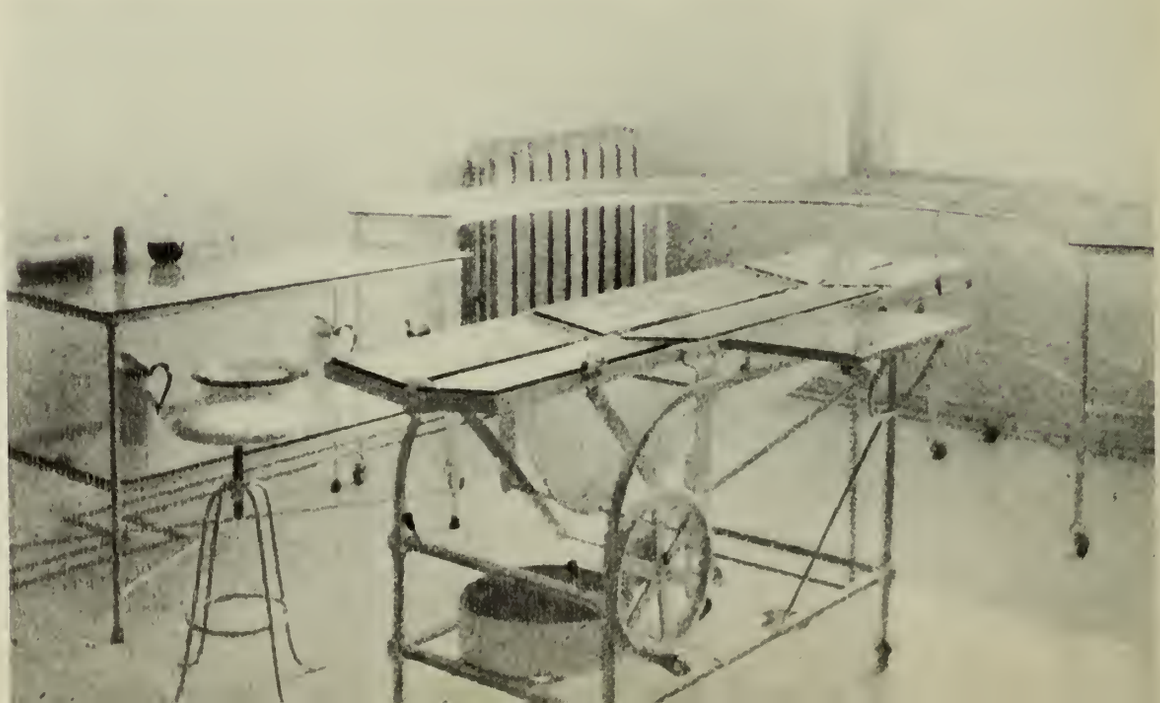


Samuel Hahnemann

General Operating Room – 1896



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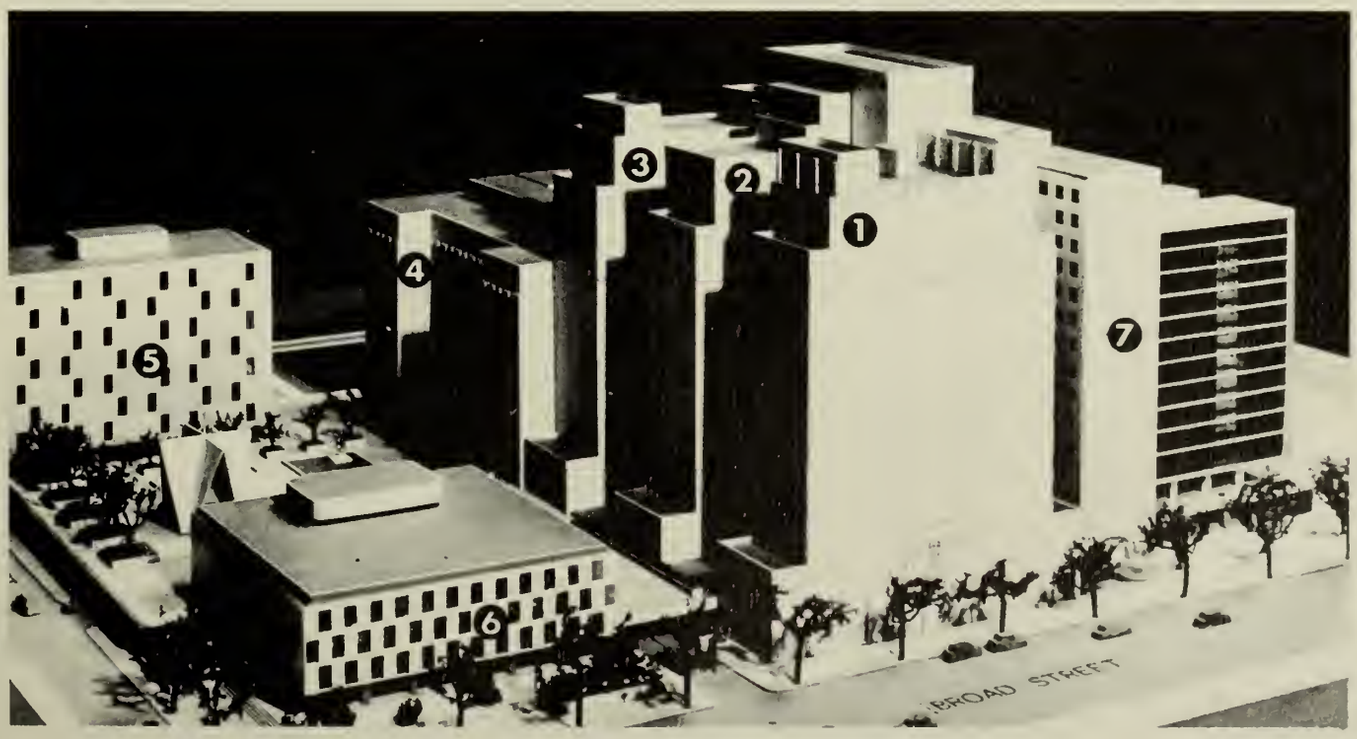

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wish to extend sincere congratulations to all the members of the 118th graduating class. You are about to leave one another and the teachers with whom you have worked during the last four years. May you look back with joy and appreciation upon your experiences at Hahnemann. We hope that you attain the fullest realization of all of your ambitions in the many years of service which lie ahead.